10063132

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

MXINOOSILISA

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8				ŗ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			ς minus 20=		*			X\$ 9=		OR	X\$18≃	
INDEPENDENT CLAIMS			<i>j</i> minus 3 =		* -		Γ	X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280≈	
* If	the difference	less than z	ero, ente	r "0" in d	column 2	L	TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II								101112		1011	OTHER	
		(Column 1)	(Colun			nn 2) (Column 3)		SMALL E	NTITY	OR	SMALL	1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM			+140=		OR	+280=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ODIT. FEE		On	ADDIT. FEE	
		(Column 1) CLAIMS			HEST	(Column 3)	٦ ا	1	ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIA	=		X42=		OR	X84=	
_	FINST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIN		1	+140=		OR	+280=	
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≈		OR	X\$18=	
	Independent	*	Minus	***		=	]	X42=			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		]  -	7,744		OR	7.0-1-	
	16.41.	<b>4</b> !: !	L	h * ''	1. 40n ·	-l		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
		nber Previously Pa					er foun	nd in the app	oropriate bo	x in co	olumn 1.	